

WATER & SEWER AVAILABILITY

City of Arlington • 18204 59th Avenue NE • Arlington, WA 98223 • Phone (360) 403-3551

☑ WATER AVAILIBILITY REQUIRED

☑ SEWER AVAILABILITY REQUIRED

REQUIRED SUBI	MITTALS:	1) Completed Ap	plication 2)	8½ x 11 Site Pla	an/Sketch of the	e Proposal	
Owner's Name:	Grandview N	lorth LLC					
Mailing Address:	P.O. Box 159			Phone No: <u>360 435 7171</u>			
City: Arlington			State: WA		Zip: <u>982</u>	23	
E-mail Address:						2	
Owner's Agent: (Cascade Su	rveying & Eng.		_ Project Name	: Apple Builder	<u>'S</u>	
Parcel Tax Accour							
Location/Legal Str	reet Address	of Property: 18	3705 & 18625 67	TH AVE NE, AF	RLINGTON, WA	4 98223	
Check all that ap ☑ Land Use Per	ply:						
Residential:		y Home # of Units <u>102</u>	☐ Existing	-			
Commercial: ☐ Plat/Subdiv ☐ Auto Service	vision # of L ce	ots# o □ Hotel/Motel # □ Warehouse/S □ Other (Specify	of Phases of Units torage	Total Build □ Food S □ Public	ing Square Foo	otage <u>14,220</u> □ Industrial	
Is there an Existin Size Water Meter Type of Fire Prote	Required?	□ 5/8 □ 1"	Is there an 0 □ 1.5" □ 2 rinkler System	Onsite Septic S " □ 3" ☑ ☑ Hydrant	ystem? Yes [Unknown □ Unknown	∃ No ☑	
I, the undersigned, re above information is of be reported immediate	complete and a	of Arlington Utilities D	* my knowledge. Tui ivision as a condition SWWBYINK -	nderstana that any	ity approval.	er as indicated. The ove information must / 2 (

TO BE COMPLETED BY THE CITY OF ARLINGTON

CITY OF ARLINGTON UTILITIES DIVISION - PRELIMINARY INFORMATION / CERTIFICATION

This non-binding preliminary commitment is o	nly valid for the above referenced property in accordance with
City of Arlington policies and for only two years	•
A water main or other capital facility (If required, refer to attached conditions).	improvement ☐ is required; ☐ is not required.
Water is presently available from (specified number of connections upon paymen	City of Arlington to service the above referenced property and to the specific of applicable connection fees and charges.
A sanitary sewer main or other capit (If required, refer to attached conditions).	al facility improvement 🗖 is required; 🗖 is not required.
Sanitary sewer is presently available and specified number of connections upon pay	e from City of Arlington to service the above referenced property ment of applicable connection fees and charges.
Other:	
Approved By:	
	FYPIRES TWO VEAD EDOM DATE OF ISSUE